

ISSUE SLIP STAFF SURE (for additional cross references)

| POSITION            | INITIALS | ID NO. | DATE     |
|---------------------|----------|--------|----------|
| FEE DETERMINATION   | AS       |        | 10/21/84 |
| O.I.P.E. CLASSIFIER |          | 19     | 10/28/89 |
| FORMALITY REVIEW    |          | 67057  | 11-4-89  |

### INDEX OF CLAIMS

✓ \_\_\_\_\_ Rejected      N \_\_\_\_\_ Non-elected  
 \_\_\_\_\_ Allowed      I \_\_\_\_\_ Interference  
 (Through numeral) \_\_\_\_\_ Canceled      A \_\_\_\_\_ Appeal  
 \_\_\_\_\_ Restricted      O \_\_\_\_\_ Objected

| Claim | Date     |
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